Sheryl A. Horak Law Enforcement Explorer Memorial Scholarship <u>Application</u>

Part I: Personal Data

enforcement."

Na	me			Telephone		
	first	middle	last			
Str	eet address					
Cit	У			State	Zip	
Ag	ge on March 31, (year)	Date of birth			
Fat	ther's name		Mother's n	ame		
Gu	ardian's name					
Pa	rt II: Education	al Data				
Hi	gh school or colle	ge: Class you will b	be in April			
Scl	hool name		Class rank		Class size	
Gr	ade-point average		(Attach official tra	nscript or transcripts	s.)	
Na	me of school or c	college you plan to a	attend			
Ad	dress		City	State	Zip	
Wl	nat type of degree	e or certification do	you plan to work toward?			
Но	w many years wi	ll this take as a full-	-time student?		_	
Pa	rt III: Qualificat	tions				
1.	Major field of in	nterest				
2.	What previous experience in law enforcement, law, or criminal justice have you had? (Give full details, including					
	dates, locations, period in field, and project objectives.)					
3.	List school and community organizations in which you are or have been active. (Indicate those you are active in now.)					
4.	List leadership positions you have held in your Explorer post, clubs, or other organizations. Indicate those positions.					
5.	List important awards or recognitions you have received, the organizations that presented them, and the year received.					
6.	Please attach to	o this application a	a statement of at least 500 we	ords on "Why I war	nt to pursue a career in law	

7. Letters of recommendation are to be included with this nomination form. Most appropriately, one letter should come from each of the following: (1) school or community official, (2) post leader, and (3) law or law enforcement official

other than your post Advisor. These letters should attest to your candidacy for this scholarship.

Part IV: Certification

Applicant's Signature

I am presently in good health and know of no personal or phy career in law enforcement, law, or criminal justice. I know of accept me as a full-time student. And, I certify to the accuracy	no reason why the school or college listed above would not
Signature_	Date
Parent's/Guardian's Waiver	
I, as parent or guardian, am willing and desirous that my son Explorer Memorial Scholarship. In consideration of the benef waive any claim against Learning for Life, the post, and its p that may arise in connection with the activities of the above of plans to attend a school or college to work toward a career in	its derived from this honor, if accepted, I hereby voluntarily participating organization and leaders for any and all causes organization. It is my understanding that my son or daughter
Signature	Date
Endorsement of Post Advisor	
This is to certify that the applicant is a member in good standi	ing of Explorer Post No
Participating organization_	
Advisor's signature	Date
Telephone (area code)	
Learning for Life Certification	
This applicant is a participating Explorer. We approve of his Explorer Memorial Scholarship.	or her application for a Sheryl A. Horak Law Enforcement
Learning for Life representative's signature	Date
Title	Telephone
Learning for Life headquarters city	
Part V: Public Relations Data	
Local newspaper	ait.
Local radio/TVcall letters	city

Submit a black-and-white glossy photo (such as a passport photo) for publicity purposes in the event of selection.